



MEDICINE.

—
UNDER THE CHARGE OF

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—THE CONDITION OF THE REFLEXES IN CASES OF TOTAL PARALYSIS OF
MOTION AND SENSATION OF THE LEGS FROM AFFECTION OF THE
SPINAL CORD.

DR. E. REYNOLDS (*Medical Chronicle*) states that it is only within the last few years that particular attention has been given to this subject, thanks chiefly to the labors of Dr. Charlton Bastian, Dr. Hughlings Jackson, Dr. Thorburn, Dr. Bowlby, and others, and now it is fairly well recognized and accepted as a clinical fact, whatever the interpretation may be, that in cases of complete transverse lesion of the spinal cord the knee-jerks are lost.

Reynolds' two cases are published to illustrate the fact that a spinal-cord lesion may cause complete paralysis and loss of sensation of the legs without total loss of the deep or even superficial reflexes.

The first is that of a laborer, aged thirty-nine, who was injured by a fall. Ten months after the accident there was total paralysis of motion and sensation below the level of the seventh intercostal space.

"*Reflexes.* Although tested many times, there is a total loss of the knee-jerk and the ankle clonus on both sides. No epigastric superficial reflex can be obtained, but the side abdominal reflex is present on both sides, but is feeble. The cremasteric reflex is normal and slightly more marked on the right side. On touching lightly or pricking the inner side of either thigh, there is an exaggerated contraction of the adductor longus of the same side. On tapping either ligamentum patellæ there is a marked contraction of the hamstring muscles, with flexion of the knee on the same side. Although this at first looked like a peculiar deep reflex I found that the same contraction could be produced even to a more marked extent by pricking the skin over the patella, showing that the reflex was superficial in character. On touching lightly, or better, by a very slight pricking of the leg below the knee, and especially the sole of the foot, there was at once a marked and exaggerated dorsiflexion of the same foot, with a flexion of the knee from contraction of the hamstring muscles. This was so marked that if the prick was more severe the contractions spread across to the other leg, and both feet were drawn up."

Case II. is that of a girl, aged thirteen years, with marked lateral curvature of old standing (? caries) in the dorsal region, causing total paralysis of sensation and motion below the lesion (from sixth interspace downward).

"*Reflexes.* These I have examined on very many occasions, and have always found as follows: Knee-jerks and ankle clonus extremely exaggerated; side abdominal reflex present; plantar reflex intensely exaggerated, so that the slightest touch or prick of a pin causes the leg (or even both legs) to be at once drawn up. The epigastric reflex is absent."

Two other cases of total loss of sensation and motion, with retention of some reflexes are alluded to. (Thorburn: *Medical Chronicle*, May, 1892, and Charlton Bastian, *Hysterical or Functional Paralysis*, p. 66). The writer does not suggest that these were cases of total transverse lesion of the cord.

DISINFECTION OF ROOMS.

FOR the disinfection of poor lodgings, in which tuberculous patients had died, SHERIDAN DELÉPINE (Manchester) recommends solution of bleaching powder for the following reasons:

(1) This parts to be disinfected would necessarily be saturated with moisture; (2) chlorine, in the nascent state, would be generated where it was wanted, and much smaller quantities of disinfectant would be therefore sufficient; (3) there would be no necessity to use any complicated contrivance to secure the diffusion of chlorine, or to prevent its escape, though it might be well to keep the air saturated with moisture, to prevent the too rapid drying of the walls; (4) the assistants could apply the material without discomfort, and much less intelligence would be required on their part in the carrying out of their duties; (5) after the application of the solution, chlorine would continue to be evolved as long as all the chlorinated lime had not been decomposed, and that without anything further being required to be done after the first two or three hours; (6) the rooms would be fit for use as soon as dry again, and no poisonous substance would remain attached to their walls, as when perchloride of mercury is used; (7) if necessary, it was easy to increase its activity by adding acids to the solution, or by saturating the air of the rooms with acid fumes, and raising the temperature for a few hours."

Three series of experiments to demonstrate the efficacy of this method yielded entirely satisfactory results. The method of procedure recommended is as follows:

1. A solution of chlorinated lime (1 to 10) should be prepared.
2. The walls, ceilings, and floor should be washed with this solution, applied in the same way as lime or whitewash is usually applied.
3. This process should, for safety, be repeated three or four times in succession. By starting each time at the same corner of the room each layer would have time to penetrate into the paper and partly dry before the next is applied.
4. The room should then be closed as well as possible, a small, safe petroleum stove being first placed in the middle of the room, precautions being taken to prevent any chance of fire. Over this stove a large tin basin, full of water or chlorinated lime solution, should be placed. (By a simply devised winter-bath arrangement a small capsule full of strong acetic acid or hydrochloric acid might be